

IPC Technical Checklist

The Plan of Care and the technical checklist must be received by the Division **at least 30 days** prior to the plan start date. All signatures shall be obtained **before** submission of the plan of care, or it will be considered incomplete.

Waiver: ☐ Adult ☐ Child ☐ ABI

Participant Legal Name Plan Start Date Case Manager/Organization Division Staff Name

Individualized Plan of Care and Supplemental Forms Check items submitted with the plan of care and submit in the order below. The Division will not review plans until all components have been received.

- ☐ **IBA Adjustment Request Form** (If plan amount exceeds IBA)
- ☐ **Supervision level and/or Intervention Request Form** (If requesting more supervision or intervention)
- ☐ **Pre-Approval Form**
- ☐ **Waiver Service Justification Form**
- ☐ **LT-104 Form**
- ☐ **Individualized Plan of Care Document**
- ☐ **Positive Behavior Support Plan**
- ☐ **Service Forms - as marked below**
- ☐ **Guardianship Information**
- ☐ **ICAP Summary Form (3 pages)**
- ☐ **Psychological or Neuropsychological Report**
- ☐ **Medical Report, for related conditions**

For Division Use Only

Date Stamp here

WAIVER SERVICE REQUIREMENTS and ADDITIONAL INFORMATION REQUIRED

Mark all components included in the plan of care.

<input checked="" type="checkbox"/> Case Management <input type="checkbox"/> Completed Conflict of Interest disclosure, if applicable.	Supported Living <input type="checkbox"/> Daily <input type="checkbox"/> 15 min/group <input type="checkbox"/> 15 min/individual
Subsequent Assessment <input type="checkbox"/> Service Form	Community Integrated Employment <input type="checkbox"/> Individual <input type="checkbox"/> Group
Child Habilitation Service <input type="checkbox"/> (ages 0-12) <input type="checkbox"/> (13-17)	<input type="checkbox"/> Residential Habilitation Training
<input type="checkbox"/> Cognitive Retraining	<input type="checkbox"/> Respite
<input type="checkbox"/> Companion Services	Skilled Nursing <input type="checkbox"/> Physicians Orders for Skilled Nursing Form
Day Habilitation <input type="checkbox"/> Daily <input type="checkbox"/> 15 min/group <input type="checkbox"/> Day Habilitation Intervention <input type="checkbox"/> Supervision Level and Intervention Request Form	<input type="checkbox"/> Residential Habilitation <input type="checkbox"/> Residential Habilitation Intervention <input type="checkbox"/> Supervision Level and Intervention Request Form
<input type="checkbox"/> Dietician <input type="checkbox"/> Physician's Order <input type="checkbox"/> Treatment recommendation	Speech Therapy <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Physician's Order <input type="checkbox"/> Treatment Recommendation
Environmental Modifications <input type="checkbox"/> (New) <input type="checkbox"/> (Repair) <input type="checkbox"/> Service Form <input type="checkbox"/> Photos/drawings <input type="checkbox"/> 2 itemized bids	Specialized Equipment <input type="checkbox"/> (New) <input type="checkbox"/> (Repair) <input type="checkbox"/> Service Form <input type="checkbox"/> Recommendation <input type="checkbox"/> Spec. Equipment Checklist <input type="checkbox"/> Itemized Invoice <input type="checkbox"/> Copies of Equipment from Internet or Catalog
<input type="checkbox"/> Homemaker	(Independent) Support Broker <input type="checkbox"/> Selection form
Occupational Therapy <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Physician's Order <input type="checkbox"/> Treatment Recommendation	Physical Therapy <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Physician's Order <input type="checkbox"/> Treatment Recommendation
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Special Family Habilitation Home
<input type="checkbox"/> Agency with Choice	<input type="checkbox"/> Supervision Level and Intervention Request Form
<input type="checkbox"/> Individually Directed Goods and Services Service Form	<input type="checkbox"/> Unpaid Caregiver Training Service Form